



On the Radar

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On the Radar

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Reports

Significance of culture to wellbeing, healing and rehabilitation
Edwige V, Gray P
Sydney: Public Defenders Chambers; 2021. p. 51.

URL	https://www.publicdefenders.nsw.gov.au/Documents/significance-of-culture-2021.pdf
Notes	Report highlighting the importance of culturally appropriate and responsive services and programs to address social and emotional wellbeing. The authors also identify the research that has shown that connection to culture promotes rehabilitation and healing. The authors note 'the significance of culture to Aboriginal and Torres Strait Islander peoples, and the importance of connecting to culture and culturally appropriate treatments to facilitate healing, including in a criminal justice setting.' They also note that 'culture as a strength that builds capacity in Aboriginal and Torres Strait Islander people, which is seen as a protective factor.'

Ensuring the quality of palliative care in Australia's prisons

Schaefer I, Haddock R

Deeble Institute for Health Policy Research Issues Brief No. 45

Canberra: Australian Healthcare and Hospitals Association; 2022. p. 33.

URL	https://ahha.asn.au/publication/health-policy-issue-briefs/deeble-issues-brief-no-45-ensuring-quality-palliative-care
Notes	<p>Australia may not incarcerate as great a proportion of its population as some nations, but it is well-known that some populations are disproportionately present in prison. Prisoners also tend to come from more vulnerable populations and to ‘experience a higher burden of chronic disease and age-related disease earlier than those in the community’. As the authors of this Issues brief from the Australian Healthcare and Hospitals Association’s Deeble Institute observe, these prisoners ‘require palliative care earlier in life. People in prison are entitled to receive healthcare, including palliative care, that is equitable to care in the community. However, the prison environment introduces additional barriers to palliative care provision than are faced in the community, including the necessity of balancing priorities of security and access to healthcare.’</p> <p>The Issues brief identifies what is known about the need for palliative care services, how they are provided, and whether palliative care services in prison are equitable with services in the community. The brief also highlights the significant gaps in national data about all elements of palliative care need and provision in prisons, and describes how data collection could be improved through collaboratively designing palliative care data collection strategies, identifying nationally consistent data and health indicators about palliative care in prisons, prioritising new data items about palliative care for collection, maximising use of existing and novel data sources, and providing support for knowledge translation through development of a framework.</p>

Journal articles

Culturally focused pre-surgery screening to reduce Aboriginal and Torres Strait Islander patient surgical cancellations

Williams CJ, Kander Y, Law K, Kennedy P, Binge G, Strathdee E

Journal of Perioperative Nursing. 2021;34(3).

DOI	https://doi.org/10.26550/2209-1092.1133
Notes	<p>Paper describing the development and implementation of a ‘culturally appropriate pre-surgery screening tool, administered by phone, to check health and wellness, identify relevant factors and support Aboriginal and Torres Strait Islander patients to ensure they are appropriately prepared to undertake surgery. The screening tool aims to reduce rates of patient-initiated cancellations of surgery and gain a greater understanding of factors contributing to patient-initiated cancellations of Aboriginal and Torres Strait Islander patients.’</p> <p>The authors note that ‘The six-month phase after implementation demonstrated a decreased mean rate (0.078 to 0.060) of Aboriginal and Torres Strait Islander patient-initiated cancellations.’</p>

Barriers and enablers to nurses' use of harm prevention strategies for older patients in hospital: A cross-sectional survey
 Redley B, Taylor N, Hutchinson AM
 Journal of Advanced Nursing. 2022 [epub].

DOI	https://doi.org/10.1111/jan.15269
Notes	Paper reporting on an Australian study that sought 'to identify nurses' perceived enablers and barriers to the implementation of comprehensive harm prevention for older people admitted to an acute hospital setting.' The study used data from 132 complete questionnaires from nurses working on five general medicine wards across three hospitals of a single tertiary health service in Australia in 2019. The responses identified both enabling factors (such as behavioural regulation, perceived capabilities, and environmental context/resources) and barriers (including intentions, perceived consequences, optimism, and professional role).

Achieving Equity in Diagnostic Excellence

McDonald KM

Journal of the American Medical Association. 2022 [epub].

DOI	https://doi.org/10.1001/jama.2022.7252
Notes	The latest in JAMA's series on diagnostic excellence looks at the issue of equity in diagnostic excellence. Diagnostic inequity represents the lack of a fair and just chance to have the benefits of diagnostic excellence. The author identifies a number of key points, including: <ol style="list-style-type: none"> 1. Inequitable health outcomes can originate from diagnostic inequities. 2. A spectrum of group attributes, such as age, race and ethnicity, disability, income, and gender identity, can increase the risk of diagnostic inequity. 3. Countering diagnostic inequity requires beginning outside the health system and attending to factors that shape how diagnostic care is accessed and experienced. 4. Progress toward equity in diagnosis should involve systems thinking to incorporate many relevant parts and a participatory approach to system redesign with those at risk of diagnostic inequity.

Strategic Opportunities to Improve Stroke Systems of Care

Zachrisson KS, Schwamm LH

Journal of the American Medical Association. 2022 [epub].

Effect of Direct Transportation to Thrombectomy-Capable Center vs Local Stroke Center on Neurological Outcomes in Patients With Suspected Large-Vessel Occlusion Stroke in Nonurban Areas: The RACECAT Randomized Clinical Trial

Pérez de la Ossa N, Abilleira S, Jovin TG, García-Tornel Á, Jimenez X, Urra X, et al

Journal of the American Medical Association. 2022 [epub].

Association Between Use of a Flying Intervention Team vs Patient Interhospital Transfer and Time to Endovascular Thrombectomy Among Patients With Acute Ischemic Stroke in Nonurban Germany

Hubert GJ, Hubert ND, Maegerlein C, Kraus F, Wiestler H, Müller-Barna P, et al

Journal of the American Medical Association. 2022 [epub].

DOI	Zachrisson and Schwamm https://doi.org/10.1001/jama.2022.3820 Pérez de la Ossa et al https://doi.org/10.1001/jama.2022.4404 Hubert et al https://doi.org/10.1001/jama.2022.5948
Notes	Zachrisson and Schwamm provide an editorial reflecting on a pair of papers examining novel approaches to dealing with stroke patients, particularly in 'non-urban' settings. As they observe, 'Both studies aimed to improve the stroke system of care at the point of interhospital transfer.' They also note that 'When it comes to stroke, time is brain.'

	<p>A robust, standardized, protocol-driven system response will be important to ensure consistent, high-quality, and equitable care. Achieving this may require different approaches in countries with coordinated, centralized health care planning ... vs countries with more decentralized health care delivery. However, the imperative to continually strengthen the stroke system of care and increase the value in the delivery of stroke care remains relevant for all, regardless of location.'</p> <p>Pérez de la Ossa et al report on a Spanish study that transported patients directly to a thrombectomy-capable referral centre. This was a 'randomized clinical trial that included 1401 patients with suspected large-vessel occlusion stroke in nonurban Catalonia, Spain' in which 'transportation to a thrombectomy-capable referral center vs a local stroke center resulted in an odds ratio of 1.03 for reduced disability at 90 days, as measured by the modified Rankin Scale. This was not statistically significant.'</p> <p>Hubert et al describe a German study that evaluated the outcomes associated with bringing endovascular thrombectomy (EVT) to remotely located patients by flying an interventional team to the patients rather than transferring the patients to the team. Here, 'deployment of a flying intervention team, compared with patient interhospital transfer, was significantly associated with a shorter time to endovascular thrombectomy (median time from decision to pursue thrombectomy to start of procedure, 58 vs 148 minutes).'</p>
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For information on the Commission's work on stroke, including the *Acute Stroke Clinical Care Standard*, see <https://www.safetyandquality.gov.au/our-work/clinical-care-standards/acute-stroke-clinical-care-standard>

Journal of Patient Safety and Risk Management
Volume 27, Number 2, April 2022

URL	https://journals.sagepub.com/toc/cric/27/2
	<p>A new issue of the <i>Journal of Patient Safety and Risk Management</i> has been published. Articles in this issue of the <i>Journal of Patient Safety and Risk Management</i> include:</p> <ul style="list-style-type: none"> • Editorial: Mentorship in patient safety: Do we need a new approach? (Albert W Wu) • Who killed patient safety? (Carole Hemmelgarn, Martin Hatlie, Susan Sheridan, Beth Daley Ullem) • Studies on the second victim phenomenon and other related topics in the pan-European environment: The experience of ERNST Consortium members (Irene Carrillo, Susanna Tella, Reinhard Strametz, Kris Vanhaecht, Massimiliano Panella, Sofia Guerra-Paiva, Bojana Knezevic, Marius-Ionut Ungureanu, Einav Srulovici, Sandra Buttigieg, Paulo Sousa, Jose Mira) • Healthcare-related infections within nursing homes (NHS): A qualitative study of care practices based on a systemic approach (Giulia Lefosse, Laura Rasero, Tommaso Bellandi, Paulo Sousa) • MR- safety: Evaluation of compliance with screening routines using a structured screening interview (Boel Hansson, Matea Simic, Johan Olsrud, Karin Markenroth Bloch, T Owman, P C Sundgren, I M Björkman-Burtscher) • An uncommon unintentionally retained foreign object (URFO): The retained surgical specimen (Andrea Simioni, Ryan Fransman, Bashar Safar, Elliott R Haut, Chady Atallah) • Pointing and calling the way to patient safety: An introduction and initial use case (Efrem Violato, Iris Cheng In Chao, C McCartan, B Concannon)

BMJ Quality & Safety online first articles

URL	https://qualitysafety.bmj.com/content/early/recent
Notes	<p><i>BMJ Quality & Safety</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> • National improvements in resident physician-reported patient safety after limiting first-year resident physicians’ extended duration work shifts: a pooled analysis of prospective cohort studies (Matthew D Weaver, Christopher P Landrigan, Jason P Sullivan, Conor S O'Brien, Salim Qadri, Natalie Viyaran, Charles A Czeisler, Laura K Barger) • Quality framework for remote antenatal care: qualitative study with women, healthcare professionals and system-level stakeholders (Lisa Hinton, Francesca H Dakin, Karolina Kuberska, Nicola Boydell, Janet Willars, Tim Draycott, Cathy Winter, Richard J McManus, Lucy C Chappell, Sanhita Chakrabarti, Elizabeth Howland, Jenny George, B Leach, M Dixon-Woods) • Documenting the indication for antimicrobial prescribing: a scoping review (Sharon Saini, Valerie Leung, Elizabeth Si, Certina Ho, Anne Cheung, Dan Dalton, Nick Daneman, Kelly Grindrod, Rita Ha, Warren McIsaac, Anjali Oberai, Kevin Schwartz, Anastasia Shiamptanis, Bradley J Langford)

International Journal for Quality in Health Care online first articles

URL	https://academic.oup.com/intqhc/advance-articles
Notes	<p><i>International Journal for Quality in Health Care</i> has published a number of ‘online first’ articles, including:</p> <ul style="list-style-type: none"> • An Analysis of Complaints about Hospital Care in the Republic of Ireland (Emily O’Dowd, Sinéad Lydon, Kathryn Lambe, Akke Vellinga, Chris Rudland, Elaine Ahern, Aoife Hilton, Marie E Ward, Maria Kane, Tom Reader, Alex Gillespie, David Vaughan, Dubhfeasa Slattery, Paul O’Connor) • Development and Validation of a Quality Indicator System for Outpatient Service in Shenzhen, China (Qian Lin, Horng-Shuh Hao, Deqing Qin, Dan Zhang)

Online resources

[UK] *NICE Guidelines and Quality Standards*

<https://www.nice.org.uk/guidance>

The UK’s National Institute for Health and Care Excellence (NICE) has published new (or updated) guidelines and quality standards. The latest reviews or updates are:

- NICE Guideline NG191 *COVID-19 rapid guideline: managing COVID-19*
<https://www.nice.org.uk/guidance/ng191>

COVID-19 resources

<https://www.safetyandquality.gov.au/covid-19>

The Australian Commission on Safety and Quality in Health Care has developed a number of resources to assist healthcare organisations, facilities and clinicians. These and other material on COVID-19 are available at <https://www.safetyandquality.gov.au/covid-19>

These resources include:

- **OVID-19 infection prevention and control risk management** This primer provides an overview of three widely used tools for investigating and responding to patient safety events and near misses. Tools covered in this primer include incident reporting systems, Root Cause Analysis (RCA), and Failure Modes and Effects Analysis (FMEA).
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-infection-prevention-and-control-risk-management-guidance>
- **Poster – Combined contact and droplet precautions**
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/poster-combined-contact-and-droplet-precautions>

STOP VISITOR RESTRICTIONS IN PLACE

For all staff
Combined contact & droplet precautions
in addition to standard precautions*

Before entering room/care area	At doorway prior to leaving room/care area
1 Perform hand hygiene	1 Remove and dispose of gloves
2 Put on gown	2 Perform hand hygiene
3 Put on a surgical mask	3 Remove and dispose of gown
4 Put on protective eyewear	4 Perform hand hygiene
5 Perform hand hygiene	5 Remove protective eyewear
6 Put on gloves	6 Perform hand hygiene
	7 Remove and dispose of mask
	Leave the room/care area
	After leaving the room/care area perform hand hygiene

*e.g. Acute respiratory tract infection with unknown aetiology (low COVID-19 risk), seasonal influenza and RSV
For more detail, refer to the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*, your state and territory guidance and <https://www.health.gov.au/committees-and-groups/infection-control-expert-group-ic-eg>

- *Poster – Combined airborne and contact precautions*
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/poster-combined-airborne-and-contact-precautions>

VISITOR RESTRICTIONS IN PLACE

For all staff

Combined airborne & contact precautions

in addition to standard precautions

Before entering room/care zone

- 1

Perform hand hygiene
- 2

Put on gown
- 3

Put on a particulate respirator (e.g. P2/N95) and perform fit check
- 4

Put on protective eyewear
- 5

Perform hand hygiene
- 6

Put on gloves

At doorway prior to leaving room/care zone

- 1

Remove and dispose of gloves
- 2

Perform hand hygiene
- 3

Remove and dispose of gown
- 4

Leave the room/care zone
- 5

Perform hand hygiene (in an anteroom/outside the room/care zone)
- 6

Remove protective eyewear (in an anteroom/outside the room/care zone)
- 7

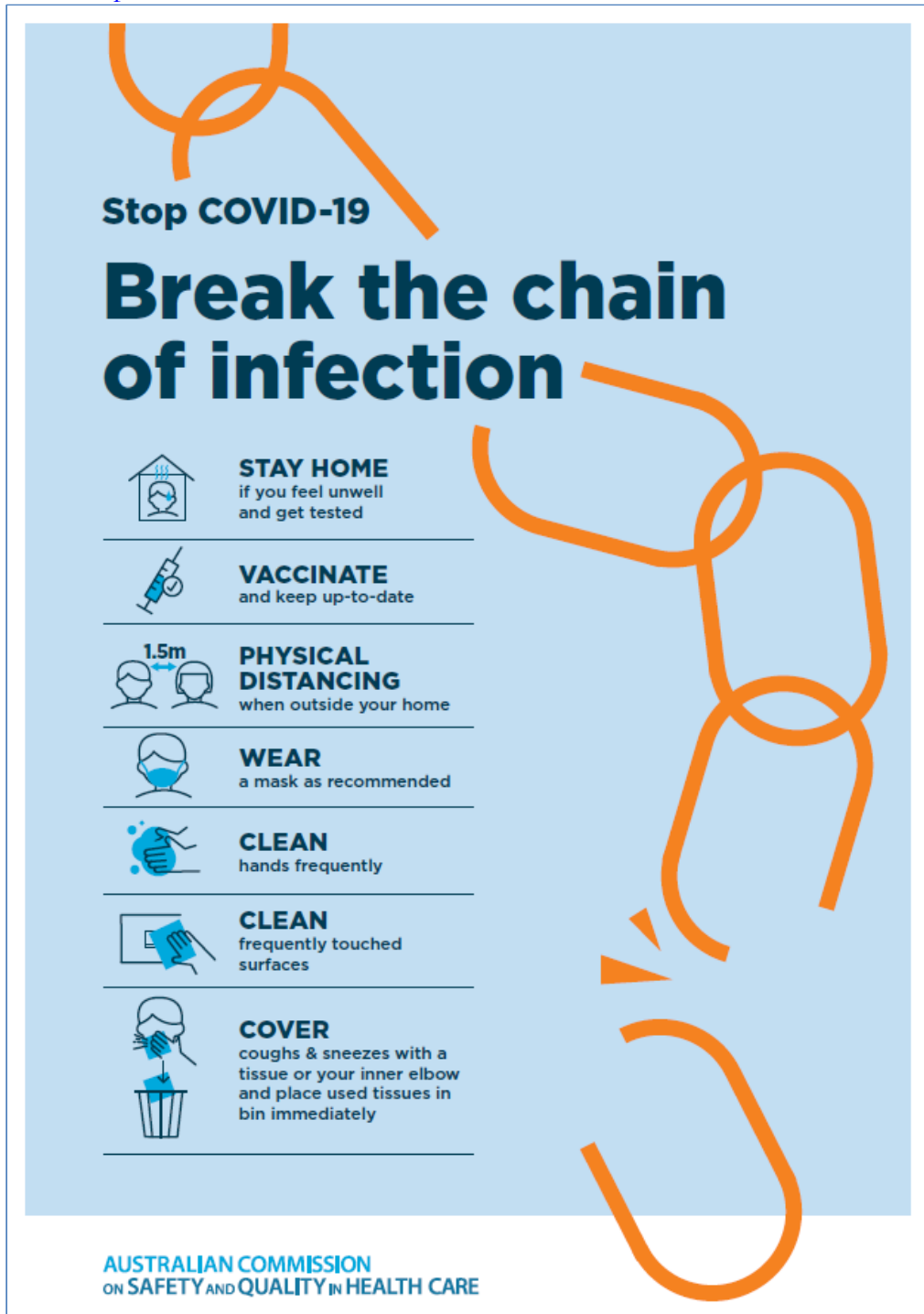
Perform hand hygiene (in an anteroom/outside the room/care zone)
- 8

Remove and dispose of particulate respirator (in an anteroom/outside the room/care zone)
- 9

Perform hand hygiene

KEEP DOOR CLOSED AT ALL TIMES

- *Environmental Cleaning and Infection Prevention and Control*
www.safetyandquality.gov.au/environmental-cleaning
- *COVID-19 infection prevention and control risk management – Guidance*
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-infection-prevention-and-control-risk-management-guidance>
- *Safe care for people with cognitive impairment during COVID-19*
<https://www.safetyandquality.gov.au/our-work/cognitive-impairment/cognitive-impairment-and-covid-19>
- *Stop COVID-19: Break the chain of infection* poster
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/break-chain-infection-poster-a3>



- *FAQs for clinicians on elective surgery* <https://www.safetyandquality.gov.au/node/5724>
- *FAQs for consumers on elective surgery* <https://www.safetyandquality.gov.au/node/5725>
- *COVID-19 and face masks – Information for consumers*
<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-and-face-masks-information-consumers>

**AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE**

**INFORMATION
for consumers**

COVID-19 and face masks

Should I use a face mask?

Wearing face masks may protect you from droplets (small drops) when a person with COVID-19 coughs, speaks or sneezes, and you are less than 1.5 metres away from them. Wearing a mask will also help protect others if you are infected with the virus, but do not have symptoms of infection.

Wearing a face mask in Australia is recommended by health experts in areas where community transmission of COVID-19 is high, whenever physical distancing is not possible. Deciding whether to wear a face mask is your personal choice. Some people may feel more comfortable wearing a face mask in the community.


When thinking about whether wearing a face mask is right for you, consider the following:

- Face masks may protect you when it is not possible to maintain the 1.5 metre physical distance from other people e.g. on a crowded bus or train
- Are you older or do you have other medical conditions like heart disease, diabetes or respiratory illness? People in these groups may get more severe illness if they are infected with COVID-19
- Wearing a face mask will reduce the spread of droplets from your coughs and sneezes to others (however, if you have any cold or flu-like symptoms you should stay home)
- A face mask will not provide you with complete protection from COVID-19. You should also do all of the other things listed below to prevent the spread of COVID-19.

What can you do to prevent the spread of COVID-19?

Stopping the spread of COVID-19 is everyone's responsibility. The most important things that you can do to protect yourself and others are to:

- Stay at home when you are unwell, with even mild respiratory symptoms
- Regularly wash your hands with soap and water or use an alcohol-based hand rub
- Do not touch your face
- Do not touch surfaces that may be contaminated with the virus
- Stay at least 1.5 metres away from other people (physical distancing)
- Cover your mouth when you cough by coughing into your elbow, or into a tissue. Throw the tissue away immediately.



National COVID-19 Clinical Evidence Taskforce

<https://covid19evidence.net.au/>

The National COVID-19 Clinical Evidence Taskforce is a collaboration of peak health professional bodies across Australia whose members are providing clinical care to people with COVID-19. The taskforce is undertaking continuous evidence surveillance to identify and rapidly synthesise emerging research in order to provide national, **evidence-based guidelines and clinical flowcharts for the clinical care of people with COVID-19**. The guidelines address questions that are specific to managing COVID-19 and cover the full disease course across mild, moderate, severe and critical illness. These are ‘living’ guidelines, updated with new research in near real-time in order to give reliable, up-to-the minute advice to clinicians providing frontline care in this unprecedented global health crisis.

COVID-19 Critical Intelligence Unit

<https://www.aci.health.nsw.gov.au/covid-19/critical-intelligence-unit>

The Agency for Clinical Innovation (ACI) in New South Wales has developed this page summarising rapid, evidence-based advice during the COVID-19 pandemic. Its operations focus on systems intelligence, clinical intelligence and evidence integration. The content includes a daily evidence digest, a COVID status monitor, a risk monitoring dashboard and evidence checks on a discrete topic or question relating to the current COVID-19 pandemic. There is also a ‘Living evidence’ section summarising key studies and emerging evidence on **COVID-19 vaccines** and **SARS-CoV-2 variants**. The most recent updates include:

- **Chest pain or dyspnoea following COVID-19 vaccination** – What is evidence for chest pain or dyspnoea following COVID-19 vaccination?
- **Cardiac investigations and elective surgery post-COVID-19** – What is evidence for cardiac investigations and elective surgery post-COVID-19?
- **Breathlessness post COVID-19** – How to determine those patients who present with ongoing breathlessness in need of urgent review or intervention due to suspected pulmonary embolus?
- **COVID-19 pandemic and influenza** – What is the evidence for COVID-19 pandemic and influenza?
- **Post-acute sequelae of COVID-19** – What is the evidence on the post-acute sequelae of COVID-19?
- **Budesonide and aspirin for pregnant women with COVID-19** – What is the evidence for the use of Budesonide for pregnant women with COVID-19? What is the evidence for aspirin prophylaxis for pre-eclampsia in pregnant women with a COVID-19 infection?
- **COVID-19 vaccines in Australia** – What is the evidence on COVID-19 vaccines in Australia?
- **COVID-19 pandemic and wellbeing of critical care and other healthcare workers** – Evidence in brief on the impact of the COVID-19 pandemic on the wellbeing of critical care and other healthcare workers.
- **Surgery post COVID-19** – What is the evidence for the timing of surgery, and outcomes following surgery, for people who have recovered from COVID-19?
- **Disease modifying treatments for COVID-19 in children** – What is the evidence for disease modifying treatments for COVID-19 in children?
- **Mask type for COVID-19 positive wearer** – What is the evidence for different mask types for COVID-19 positive wearers?
- **Post acute and subacute COVID-19 care** – What published advice and models of care are available regarding post-acute and subacute care for COVID-19 patients?
- **Hospital visitor policies** – What is the evidence for hospital visitor policies during and outside of the COVID-19 pandemic?
- **Surgical masks, eye protection and PPE guidance** – What is the evidence for surgical masks in the endemic phase in hospitals and for eyewear to protect against COVID-19?

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